

Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Stevensville</u> <sup>Town</sup>		<u>Adkins</u> <sup>County</sup>		MARYLAND	
Date of death 190 <u>8</u>	<u>Aug</u> <sup>Month</sup>	<u>28</u> <sup>Day</sup>	Age <u>6</u> <sup>Years</sup>	<u>1</u> <sup>Months</sup>	<u>6</u> <sup>Days</sup>
Sex <u>male</u>	Color or Race <u>Black</u>	Birth-place <u>Kent Island</u>			
Occupation			Where Raiding if not at place of death		
<del>Married, Single or Widowed</del>			<del>Name of Wife or Husband</del>		
Father's Name <u>Edward Adkins</u>			Father's Birthplace <u>" "</u>		
Mother's Maiden Name <u>Mary Heath</u>			Mother's Birthplace <u>" "</u>		
Name of person giving Information <u>Howard Brown</u>			How related to deceased <u>none</u>		

CAUSES OF DEATH

179

PHYSICIAN  
OR CORONER

Primary <u>Unknown</u>	How long
Immediate <u>No Physician attending</u>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>P. C. Thomas</u>
	Address <u>Sub-Registrar</u>
Accident or Suicide	<u>Stevensville Md</u>



Name  
in  
Full

Geo. W. Aldridge

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

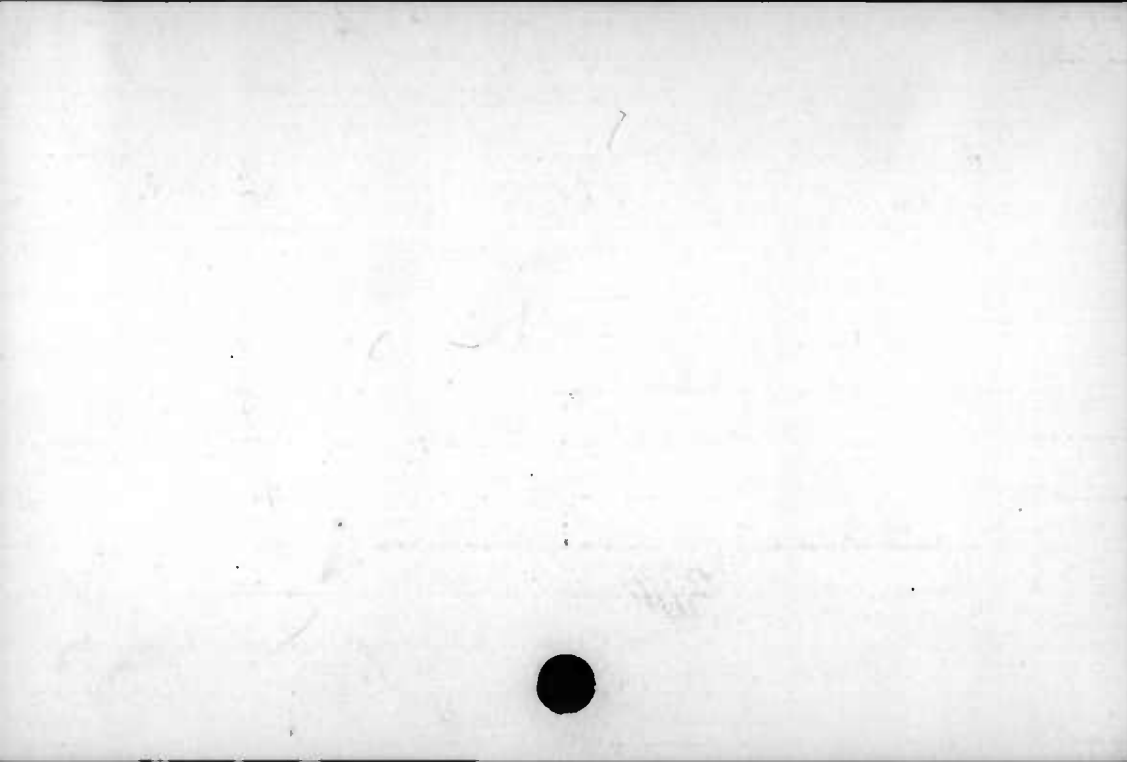
Died at		Town Centerville		County Queen Anne		MARYLAND	
Date of death		1908	Month 8	Day 23	Age 43	Years 1	Months 21
Sex Male		Color or Race White		Birth-place Baltimore			
Occupation Clerk				Where Residing if not at place of death			
Married, Single or Widowed Married		Name of Wife or Husband Margaret Keating					
Father's Name George Aldridge				Father's Birthplace Va			
Mother's Maiden Name Rachel Meredith				Mother's Birthplace Kent Co			
Name of person giving information Margaret Aldridge				How related to deceased Daughter			

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary	Tuberculosis	How long	10 yrs
Immediate	Exhaustion	How long	gradual
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		Jas. Bordley M.D.	
Address		Centerville Md	
Accident or Suicide?			

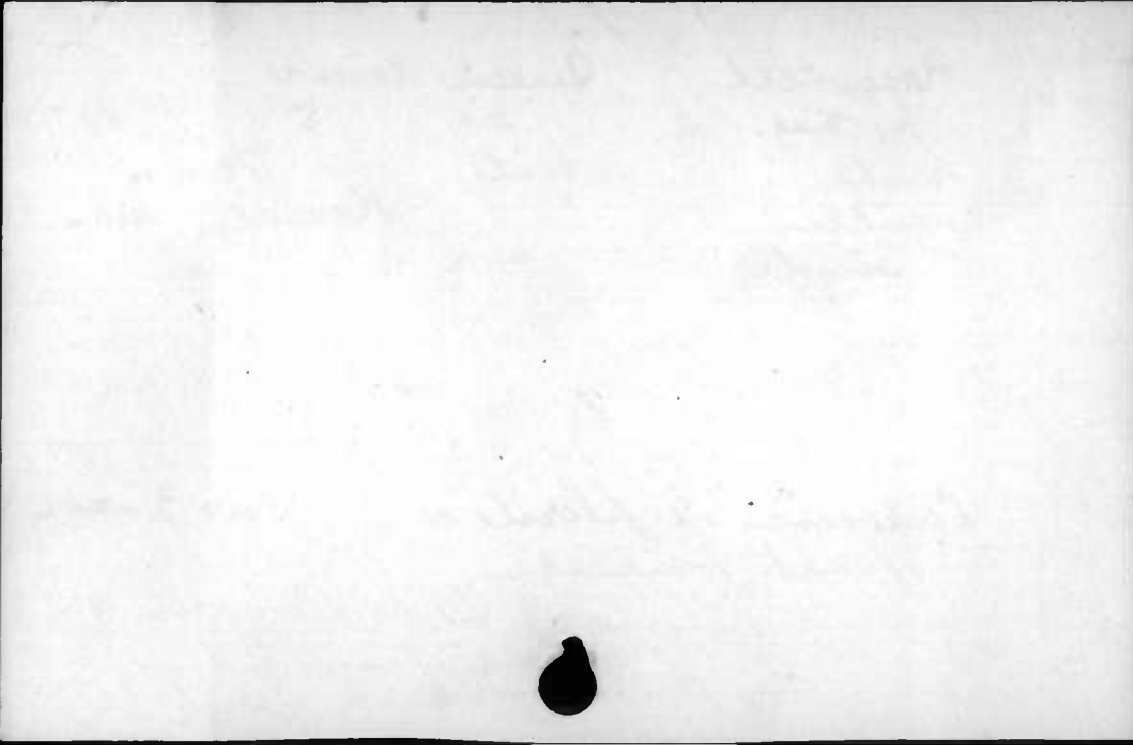


TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Name in Full		CERTIFICATE OF DEATH			
Died at		Town <i>Queenstown</i>		County <i>Antony</i>	
Date of death		Month <i>Aug.</i>	Day <i>13</i>	Age <i>Years</i>	Months <i>11</i> Days <i>Hours</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth- place <i>Queenstown, Md.</i>			
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>		
Father's Name <i>Robert L. Antony</i>			Father's Birthplace <i>Queenstown, Md.</i>		
Mother's Maiden Name <i>Jenny Roe</i>			Mother's Birthplace <i>A. G. Co., Md.</i>		
Name of person giving Information <i>Rowland H. Ford</i>			How related to deceased <i>Physician</i>		
CAUSES OF DEATH					
Primary		<i>Asphyxia (premature birth)</i>		How long <i>From time of birth</i>	
Immediate		<i>Heart failure</i>		How long <i>Two hours</i>	
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>		Signature of Physician <i>Rowland H. Ford</i>	
				Address <i>Queenstown, Md.</i>	
Accident or Suicide?					

151



Name  
in  
Full

Elijah T. Benson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Roseville <sup>County</sup> Queen Anne's MARYLAND

Date of death 1908 <sup>Month</sup> Aug; <sup>Day</sup> 2 <sup>Years</sup> Age 5-5 <sup>Months</sup> 5 <sup>Days</sup> 15-

Sex Male <sup>Color or Race</sup> White <sup>Birth-place</sup> Md..

Occupation Miller <sup>Where Residing if not at place of death</sup> Roseville Md..

Married, Single or Widowed Single <sup>Name of Wife or Husband</sup> \_\_\_\_\_

Father's Name H. B. Benson <sup>Father's Birthplace</sup> Ia. So

Mother's Maiden Name Martha Rad <sup>Mother's Birthplace</sup> Ia. So

Name of person giving information L. C. Benson <sup>How related to deceased</sup> Brother

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary Chronic Nephritis <sup>How long</sup> Two years..

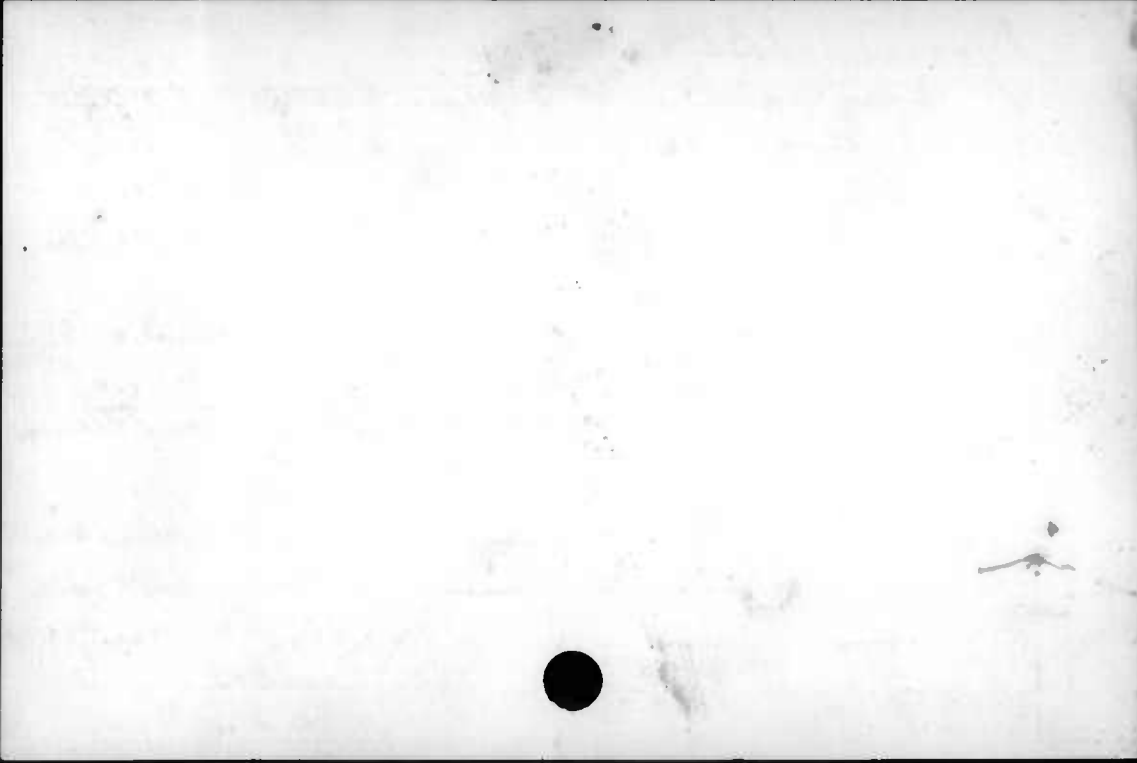
Immediate Heart Failure <sup>How long</sup>

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician W. W. Bowen M.D.

Address Englishville Md..

Accident or Suicide?





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

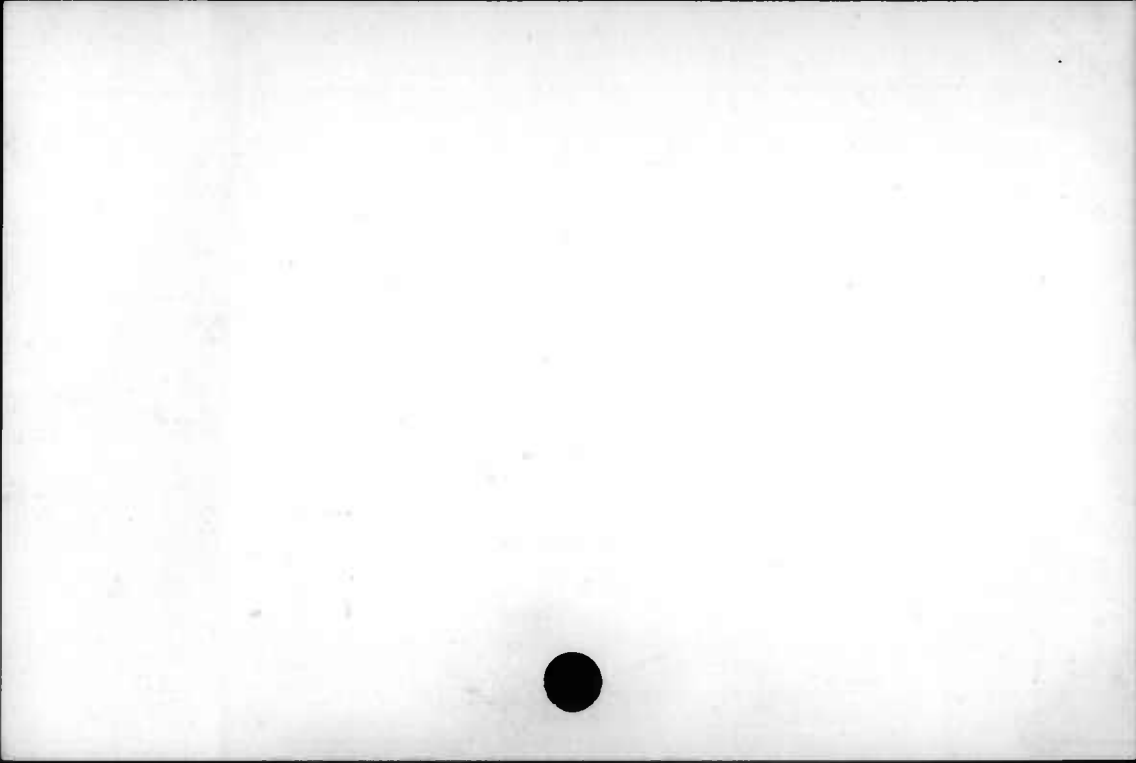
Name in Full <b>John Berry Jr.</b>		Town <b>Dyerside</b>		County <b>Duval</b>		State <b>MARYLAND</b>	
Died at <b>Dyerside</b>		Month <b>Aug.</b>		Day <b>16</b>		Age <b>4</b> Months <b>24</b> Days	
Date of death <b>1908</b>		Month <b>Aug.</b>		Day <b>16</b>		Age <b>4</b> Months <b>24</b> Days	
Sex <b>Male</b>		Color or Race <b>Colored</b>		Birth-place <b>Ind.</b>			
Occupation <b>Infant</b>		Where Residing if not at place of death <b>Dyerside Ind.</b>					
Married, Single or Widowed <input checked="" type="checkbox"/>		Name of Wife or Husband					
Father's Name <b>Hubert John Berry</b>		Father's Birthplace <b>Ind.</b>					
Mother's Maiden Name <b>Aunnie Brown</b>		Mother's Birthplace <b>Ind.</b>					
Name of person giving information <b>Aunnie Brown</b>		How related to deceased <b>Mother</b>					

## CAUSES OF DEATH

150

PHYSICIAN  
OR CORONER

Primary <b>Adherent fracture</b>		How long <b>Probably since birth</b>	
Immediate <b>Acute Uremic Poisoning</b>		How long <b>Two days</b>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <b>W. W. Brown M.D.</b>	
		Address <b>Dyerside Ind.</b>	
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Storley Corner</i> <sup>Town</sup>		<i>Queen Anne's</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1908</i>	Month <i>Aug</i>	Day <i>14</i>	Age <i>50</i>	Years <i>50</i> Months <i>0</i> Days <i>0</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>	Birth-place <i>Church Hill</i>			
Occupation <i>Cook</i>	Where Residing If not at place of death <i>—</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Isaac Ballow</i>				
Father's Name <i>John Green</i>	Father's Birthplace <i>md</i>				
Mother's Maiden Name <i>Mary Jenkins</i>	Mother's Birthplace <i>"</i>				
Name of person giving information <i>Mary Green</i>	How related to deceased <i>None</i>				

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary <i>Chronic Nephritis</i>	How long <i>1 yr</i>
Immediate <i>Exhaustion</i>	How long <i>1 hr</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>D. S. Dudley</i>
<i>No</i>	Address <i>Church Hill Maryland</i>
Accident or Suicide? <i>No</i>	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Virginia Fildes Coahran</i>		Town <i>Church Hill</i>		County <i>Queen Anne</i>		MARYLAND	
Died at <i>Church Hill</i>		Date of death <i>1908 Aug 11</i>		Age <i>74</i>		Months <i>5</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Kent Co Md</i>		Days <i>3</i>	
Occupation <i>Unemployed - Invalid</i>		Where Residing if not at place of death <i>At home</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Arnold Coahran</i>					
Father's Name <i>Charles B Fildes</i>				Father's Birthplace <i>Kent Co Md</i>			
Mother's Maiden Name <i>Mary Brown</i>				Mother's Birthplace <i>Kent Co Md</i>			
Name of person giving information <i>Arnold Coahran</i>				How related to deceased <i>Husband</i>			

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary <i>Phtisis</i>	How long <i>at least 10 years</i>
Immediate <i>Phtisis</i>	How long <i>three past 4 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H Bunge Simmons</i>
	Address <i>Chester town Md.</i>
Accident or Suicide? <i>no</i>	

44  
20  
44

Name  
in  
Full

Bessie Collier

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

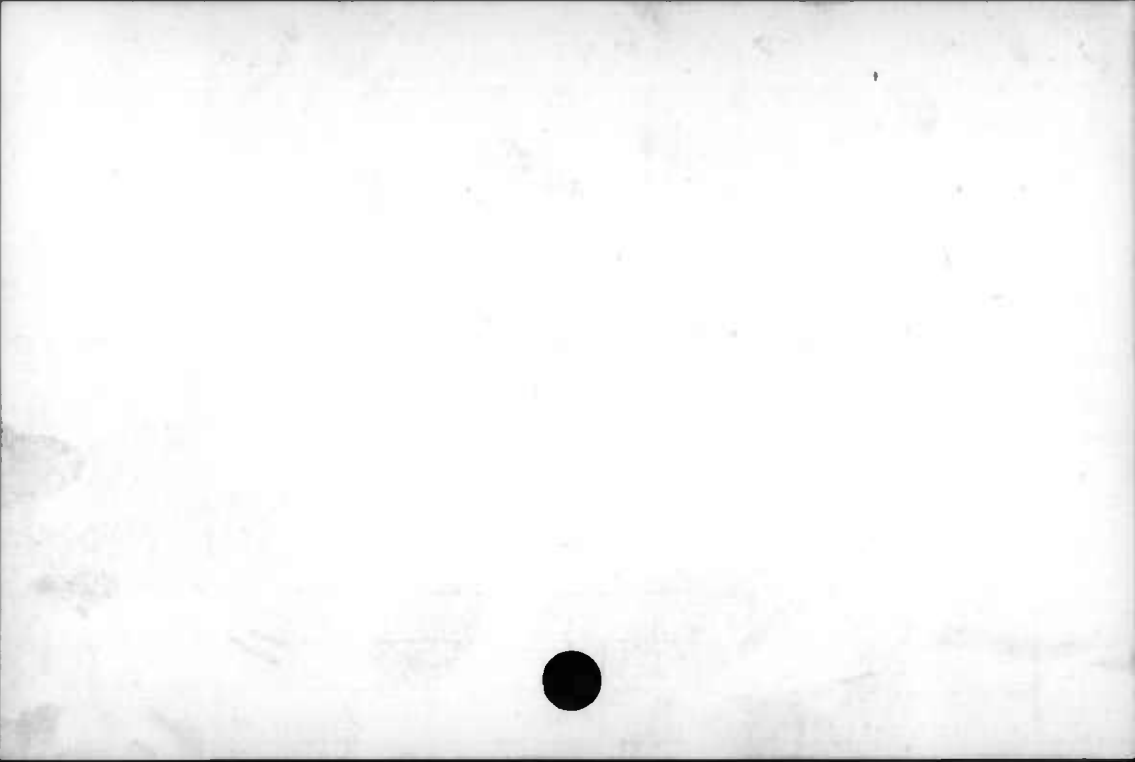
Died at <u>Ingliside</u> <sup>Town</sup>		<u>Queen Anne's</u> <sup>County</sup>		MARYLAND	
Date of death	<u>1908</u> <sup>Year</sup>	<u>Aug</u> <sup>Month</sup>	<u>4</u> <sup>Day</sup>	Age	<u>5</u> <sup>Months</sup> <u>19</u> <sup>Days</sup>
Sex	<u>Female</u>	Color or Race	<u>Colored</u>	Birth-place	<u>Ind.</u>
Occupation	<u>Infant</u>	Where Residing if not at place of death <u>Ingliside Ind.</u>			
Married, Single or Widowed	<u>Single</u>	Name of Wife or Husband			
Father's Name	<u>George Collier</u>			Father's Birthplace	<u>Ind.</u>
Mother's Maiden Name	<u>Emma Smith</u>			Mother's Birthplace	<u>Ind.</u>
Name of person giving information	<u>George Collier</u>			How related to deceased	<u>Father</u>

CAUSES OF DEATH

105

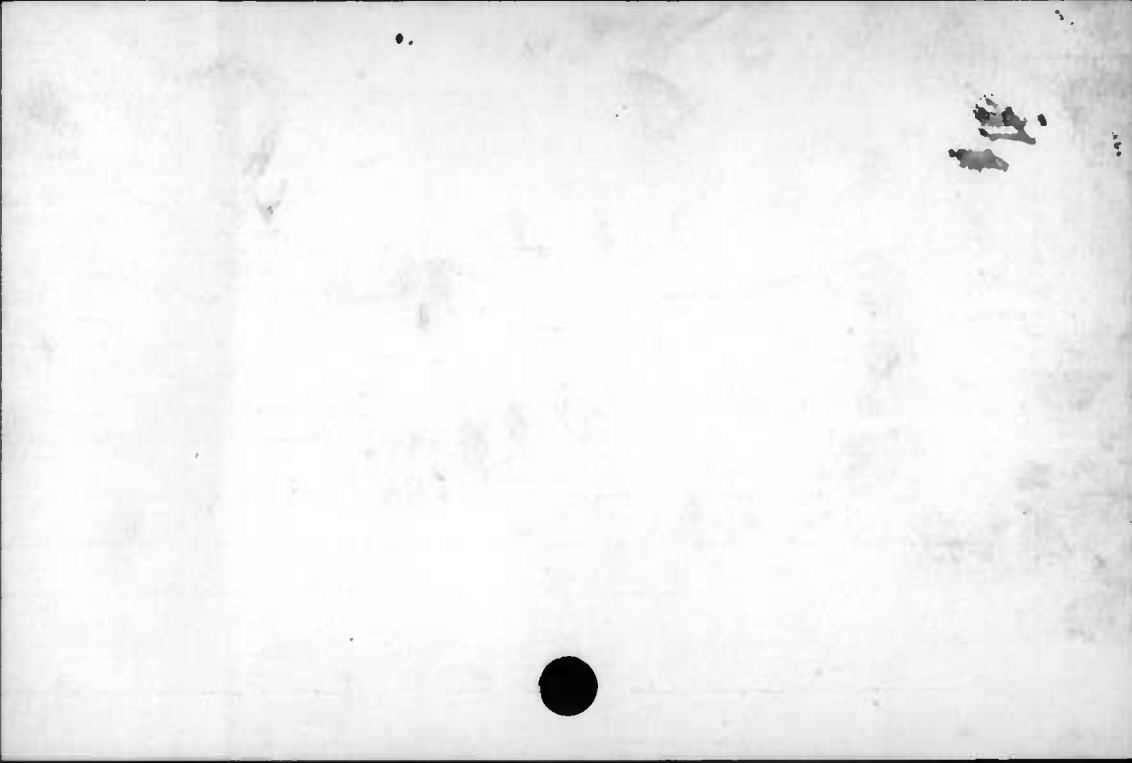
PHYSICIAN  
OR CORONER

Primary	<u>Summer Complaint (Gastroenteritis)</u>	How long	<u>One week</u>
Immediate	<u>Convulsions</u>	How long	<u>One hour</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>W. W. Brown M.D.</u>
		Address	<u>Ingliside Ind.</u>
Accident or Suicide?	<u>No.</u>		





Name in Full <b>Eva Emma Copper</b>		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <b>Haydens</b> Town		<b>Emmamines</b> County
	Date of death <b>1908</b> Month <b>August</b> Day <b>31st</b>		Age <b>6</b> Years <b>4</b> Months <b>4</b> Days
	Sex <b>Female</b>	Color or Race <b>Colored</b>	Birth-place <b>Haydens</b>
	Occupation		Where Residing if not at place of death
	Married, Single or Widowed	Name of Wife or Husband <b>Indiana Emma Copper</b>	
	Father's Name <b>Frank Copper</b>	Father's Birthplace <b>Easton Md</b>	
	Mother's Maiden Name <b>Indiana Emma Gibbs</b>	Mother's Birthplace <b>Haydens</b>	
Name of person giving information <b>Frank Copper</b>		How related to deceased <b>Daughter</b>	
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary <b>Tuberculosis</b>	How long <b>4 months</b>	
	Immediate <b>Exhaustion</b>	How long <b>a few hours</b>	
	Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>	Signature of Physician <b>Samuel B. Duale</b>	
		Address <b>Church Hill Md</b>	
	Accident or Suicide?		



Name  
in  
Full

Anna Deen

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Hope</u> Town		<u>Green Arms</u> County		MARYLAND	
Date of death	1908	Month	Aug	Day	5
Age	69	Years		Months	
Sex	Female	Color or Race	Black	Birth-place	Dorchester Co
Occupation	House work	Where Residing if not at place of death <u>Hope Md</u>			
Married, Single or Widowed	Widowed	Name of Wife or Husband <u>Levi Deen</u>			
Father's Name	Jefferson Hubbard	Father's Birthplace <u>Don't know</u>			
Mother's Maiden Name	Don't know	Mother's Birthplace <u>"</u>			
Name of person giving information	Charles Deen	How related to deceased <u>Son</u>			

## CAUSES OF DEATH

14

PHYSICIAN  
OR CORONER

Primary	<u>Dysentery</u>	How long	<u>1 week</u>
Immediate	<u>Exhaustion</u>	How long	<u>2 days</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>Mark Reed</u>	
Address <u>Green Arms</u>		Address <u>Green Arms</u>	
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

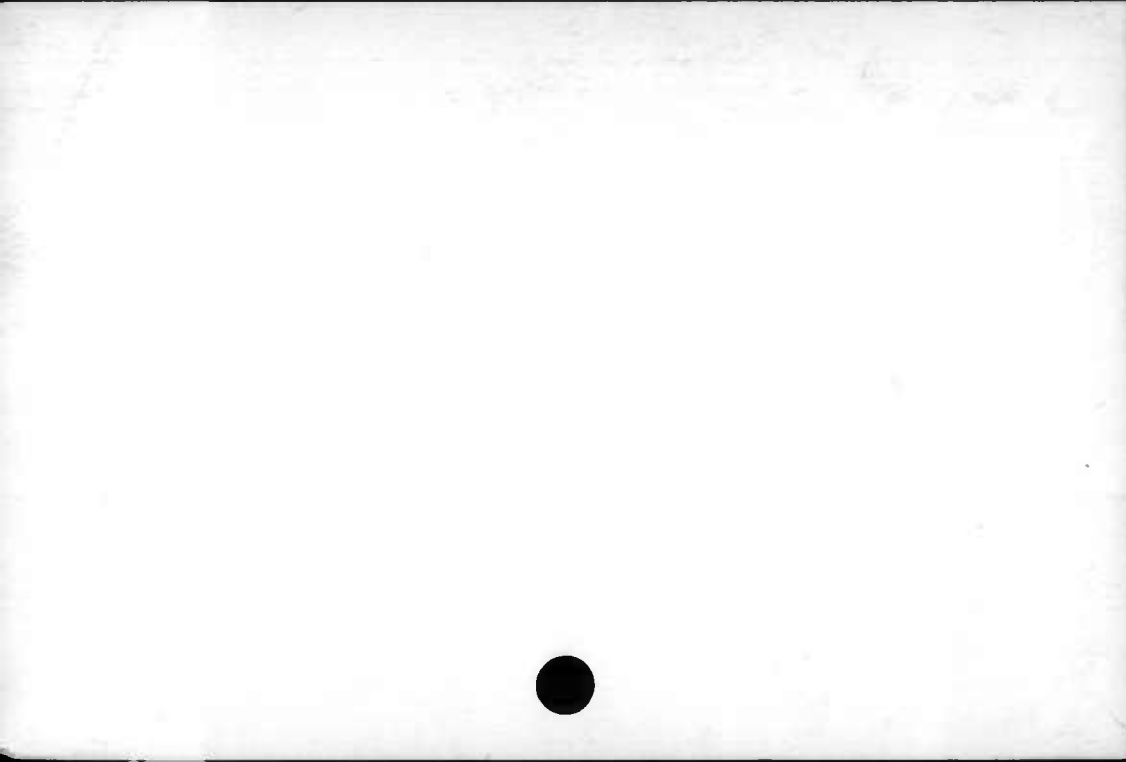
Died at <i>Kent Island</i>		Town <i>Green Anne</i>		County		MARYLAND	
Date of death <i>1908</i>		Month <i>Aug.</i>	Day <i>10</i>	Age <i>63</i>	Years	Months	Days
Sex <i>Male</i>	Color or Race <i>Black</i>	Birth-place <i>Kent Island</i>					
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>Kent Island</i>					
Married, <del>Single</del> <i>or Widowed</i>		Name of Wife or Husband <i>Elizabeth Denny</i>					
Father's Name <i>Frisby Denny</i>		Father's Birthplace <i>Kent Island</i>					
Mother's Maiden Name <i>Does not know</i>		Mother's Birthplace <i>Kent Island</i>					
Name of person giving Information <i>Chas. Denny</i>		How related to deceased <i>Son</i>					

## CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary <i>Pneumonia</i>	How long <i>3 wks</i>
Immediate <i>Weak heart</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Jno. R. Bentzen</i>
	Address <i>Kent Island Md.</i>
Accident or Suicide	



Name  
in  
Full

Arseuda W. Dickinson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

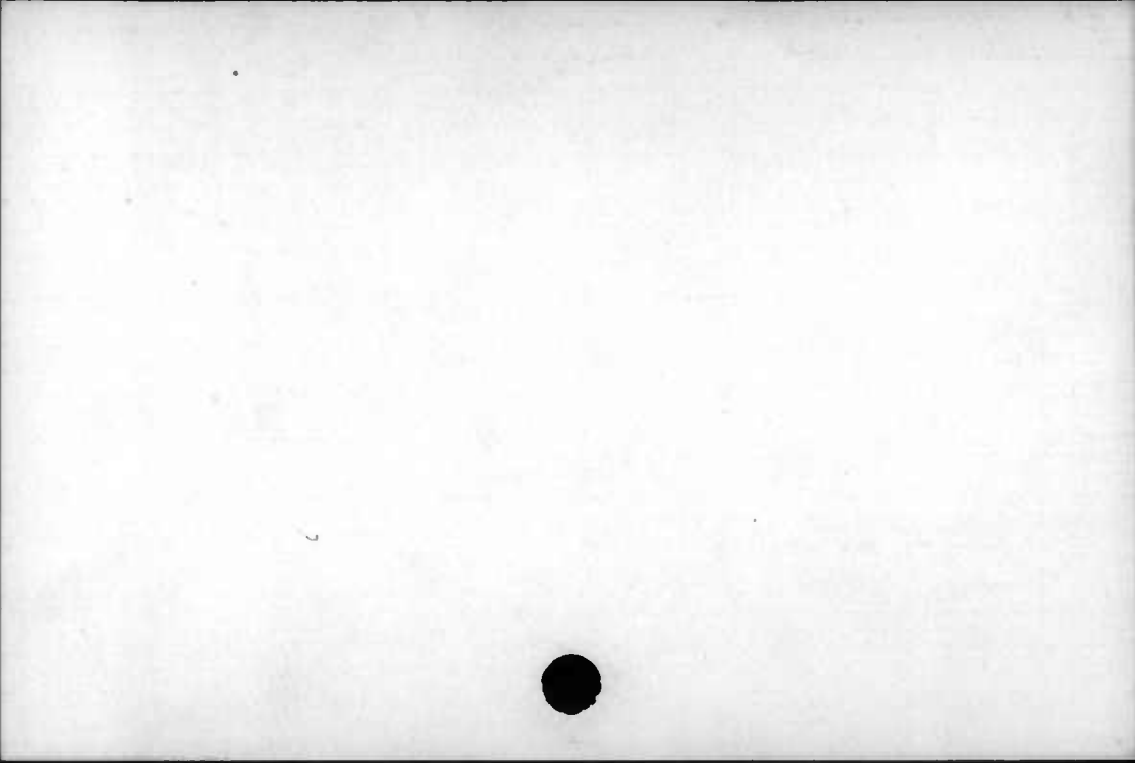
Died at <i>Mar Catharine</i>		Town <i>Queen Anne</i>		County <i>Anne</i>		MARYLAND	
Date of death <i>1909</i>		Month <i>9</i>	Day <i>15</i>	Age <i>70</i>	Years <i>—</i>	Months <i>1</i>	Days <i>28</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Belts, Md</i>			
Occupation <i>House Wife</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>John Dickinson</i>					
Father's Name <i>John W. Callery</i>		Father's Birthplace <i>England</i>					
Mother's Maiden Name <i>Mary R Brown</i>		Mother's Birthplace <i>Belts Md</i>					
Name of person giving information <i>John Dickinson</i>		How related to deceased <i>Husband</i>					

## CAUSES OF DEATH

50

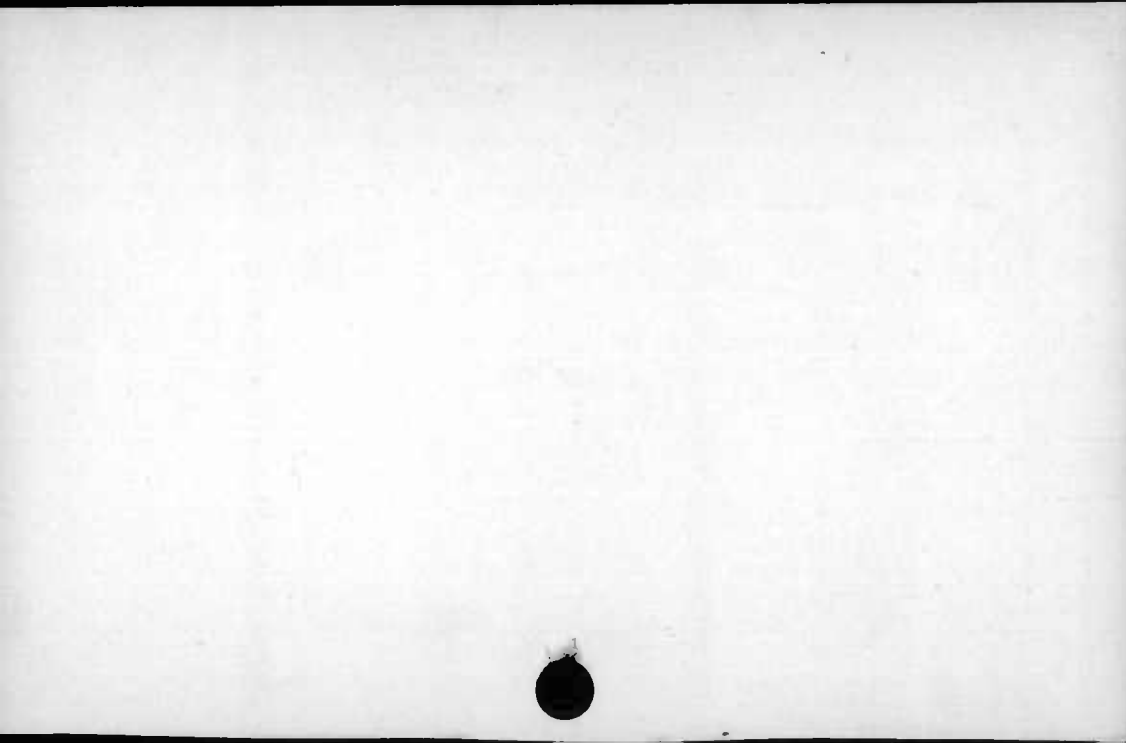
PHYSICIAN  
OR CORONER

Primary <i>Saccharine Scabites</i>	How long <i>4 previous</i>
Immediate <i>Scarific Gangrene of Right Leg</i>	How long <i>5 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yr</i>	Signature of Physician <i>Martha M D</i>
	Address <i>Baltimore</i>
Accident or Suicide? <i>no</i>	<i>Queen Anne Co</i>





Name in Full		Elizabeth Dorrell				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Queenstown	County Queen Anne		MARYLAND	
	Date of death	1908	Month 8	Day 18	Age 60	Years 8	Months 3
	Sex	Female		Color or Race	White		Birth- place
	Occupation	Housewife		Where Residing if not at place of death		Mrs. Brightons	
	Married, Single or Widowed			Name of Wife or Husband		Unknown	
	Father's Name	Unknown		Father's Birthplace		Unknown	
	Mother's Maiden Name	"		Mother's Birthplace		"	
	Name of person giving In formation	Son - Albert Dorrell		How related to deceased		1	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Typhoid				How long	21 days
	Immediate	Exhaustion				How long	
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		
					Address		
					M. W. Chaires Queenstown, Md.		
Accident or Suicide?							



Name  
in  
Full

Elizabeth Griffith

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

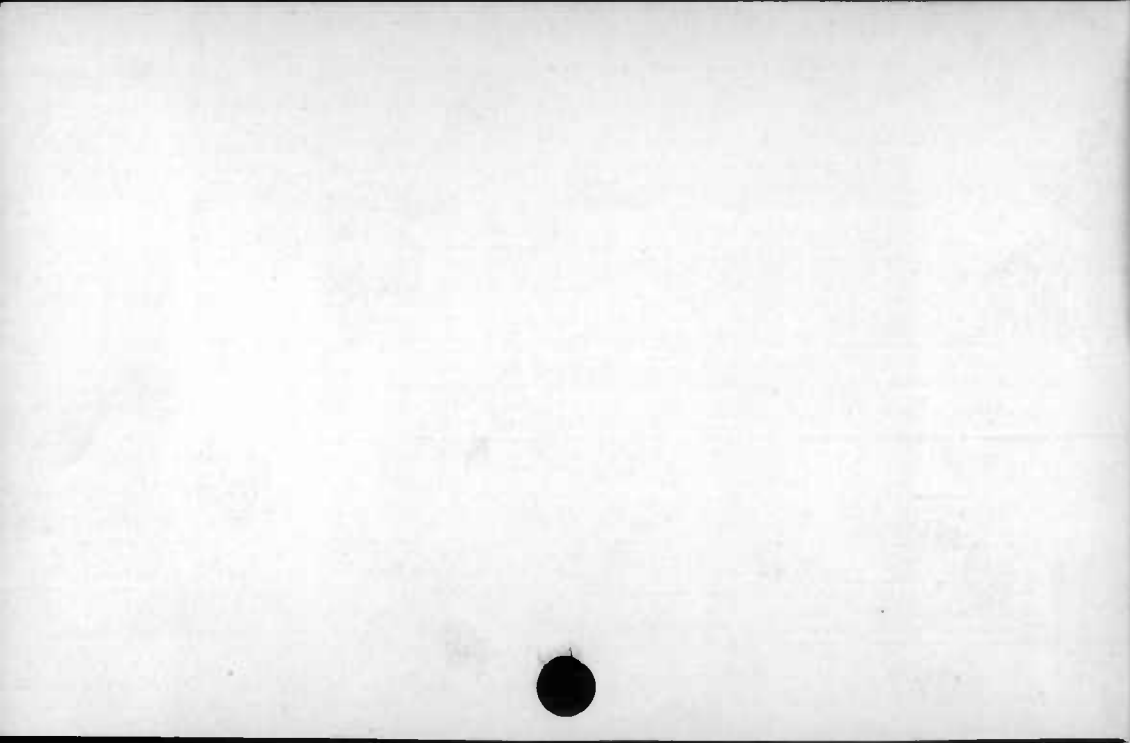
Died at <sup>Town</sup> <i>Queenstown</i>		<sup>County</sup> <i>Queen Anne</i>		MARYLAND			
Date of death	<i>1908</i>	Month <i>8</i>	Day <i>12</i>	Age <i>—</i>	Years <i>—</i>	Months <i>6</i>	Days <i>3</i>
Sex	<i>Female</i>		Color or Race	<i>African</i>		Birth- place	<i>Queenstown</i>
Occupation	<i>—</i>			Where Residing if not at place of death			<i>—</i>
Married, Single <del>or Widowed</del>			Name of Wife or Husband				<i>—</i>
Father's Name	<i>Charles Griffith</i>				Father's Birthplace	<i>D. A. Co.,</i>	
Mother's Maiden Name	<i>Elizabeth Brier</i>				Mother's Birthplace	<i>" "</i>	
Name of person giving In formation	<i>Father</i>				How related to deceased	<i>—</i>	

## CAUSES OF DEATH

119

PHYSICIAN  
OR CORONER

Primary	<i>Uremia</i>	How long	<i>14 days</i>
Immediate	<i>Uremic Poisoning</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>W. H. Chaires</i>
		Address	<i>Queenstown, Md.</i>
Accident or Suicide? <i>—</i>			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full *Blanche Gross* Town *Stromsville* County *Queen Anne's* MARYLAND

Died at *Stromsville*

Date of death *1902* Month *Aug* Day *23* Age *15* Years Months *6* Days *9*

Sex *Female* Color or Race *Black* Birth-place *Baltimore*

Occupation *Cook* Where Residing if not at place of death *Stromsville*

Married, Single or Widowed ☐ Name of Wife or Husband

Father's Name *Wm. Gross* Father's Birthplace *Calvert Co.*

Mother's Maiden Name *Jane Gross* Mother's Birthplace *Calvert Co.*

Name of person giving Information *Wm. Gross* How related to deceased *Father*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Typhoid Fever* How long *3 wks.*

Immediate *Heart failure* How long *Short time*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *John R. Benton*

Address *Stromsville*

Accident or Suicide ☐



Name  
in  
Full

Evelyn Augusta Gross

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Centerville</i>		Town		County		MARYLAND	
Date of death	1908	Month	aug	Day	30	Age	10
Sex	Female	Color or Race	nigro	Birth-place	Centerville Md	Years	26
Occupation	None	Where Residing if not at place of death		—			
<del>Married</del> Single or Widowed		Name of Wife or Husband —					
Father's Name		Emory Gross		Father's Birthplace		Queen Anne Co.	
Mother's Maiden Name		Mary Wilson		Mother's Birthplace		Queen Anne Co.	
Name of person giving information		Emory Gross		How related to deceased		Father.	

## CAUSES OF DEATH

61

PHYSICIAN  
OR CORONER

Primary	Meningitis	How long	1 week
Immediate	Convulsions	How long	1 day.
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		E. F. Smith	
Address		Centerville Md.	
Accident or Suicide?			





Name  
in  
Full

Mary V. Heath

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

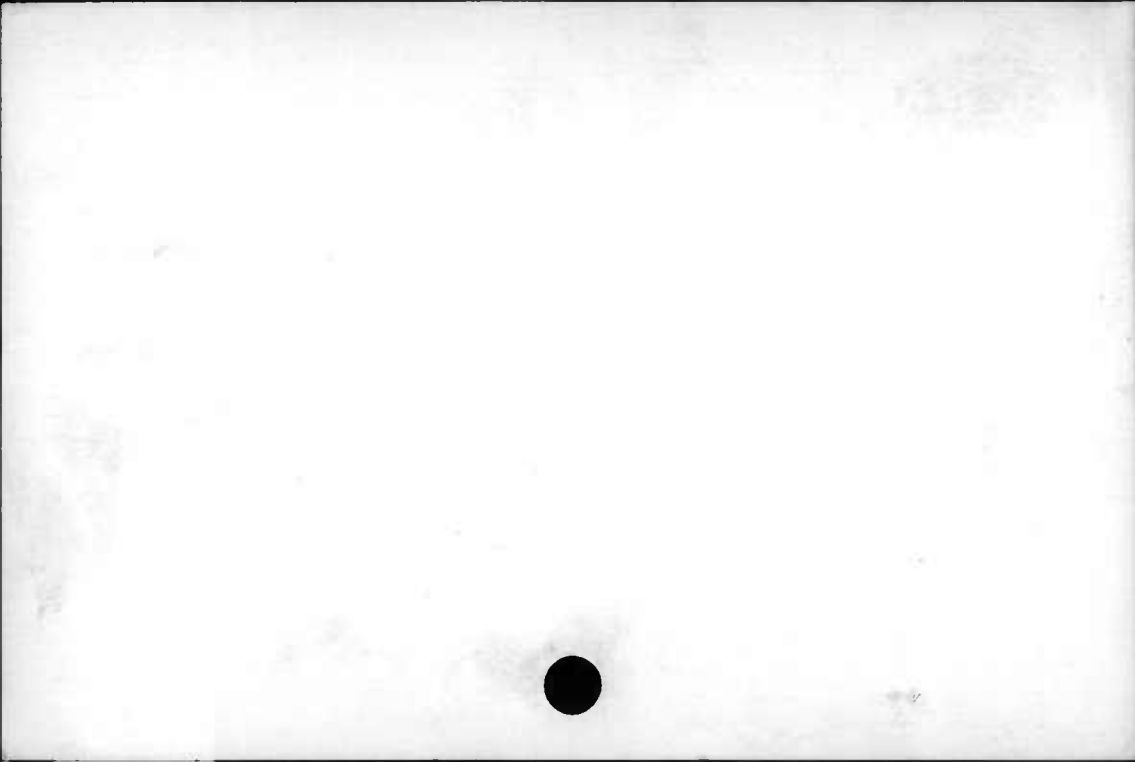
Died at <u>Stevensville</u> <sup>Town</sup>		<u>Q. A</u> <sup>County</sup>		MARYLAND	
Date of death	190 <u>8</u>	Month	<u>Aug</u>	Day	<u>8</u>
Age	<u>17</u>	Months	<u>3</u>	Days	<u>0</u>
Sex	<u>Female</u>	Color or Race	<u>African</u>	Birth-place	<u>Kent Island</u>
Occupation	<u>Cook</u>	Where Residing if not at place of death		<u>" "</u>	
<u>Married, Single</u> <del>or Widowed</del>		Name of Wife or Husband			
Father's Name	<u>Solomon Heath</u>			Father's Birthplace	<u>Kent Island</u>
Mother's Maiden Name	<u>Sarah Ringgold</u>			Mother's Birthplace	<u>" "</u>
Name of person giving Information	<u>Jas Howard Brown</u>			How related to deceased	<u>none</u>

## CAUSES OF DEATH

137

PHYSICIAN  
OR CORONER

Primary	<u>Puerperal Fever</u>	How long	<u>3 weeks</u>
Immediate	<u>Exhaustion</u>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u>yes</u>		<u>C. Percy Kemp</u>	
		Address	
		<u>Stevensville, Md.</u>	
Accident or Suicide			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Samuel S. Hurlock

Died at New Church Hill Queen Anne's County MARYLAND

Date of death 1908 Aug 14 14 Age 58 8 Months 7 Days

Sex Male Color or Race White Birth-place Maryland

Occupation Farmer Where Residing if not at place of death At home

Married, Single or Widowed Married Name of Wife or Husband Kate Evans

Father's Name John Hurlock Father's Birthplace Maryland

Mother's Maiden Name Ann Evans Jones Mother's Birthplace Maryland

Name of person giving information William Hurlock How related to deceased Son

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Apoplexy 64 How long 4 days

Immediate Apoplexy How long 4 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician H. B. Benge Address Chester town Md

Accident or Suicide? No



Name  
in  
Full

Francis Edwin Lane

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

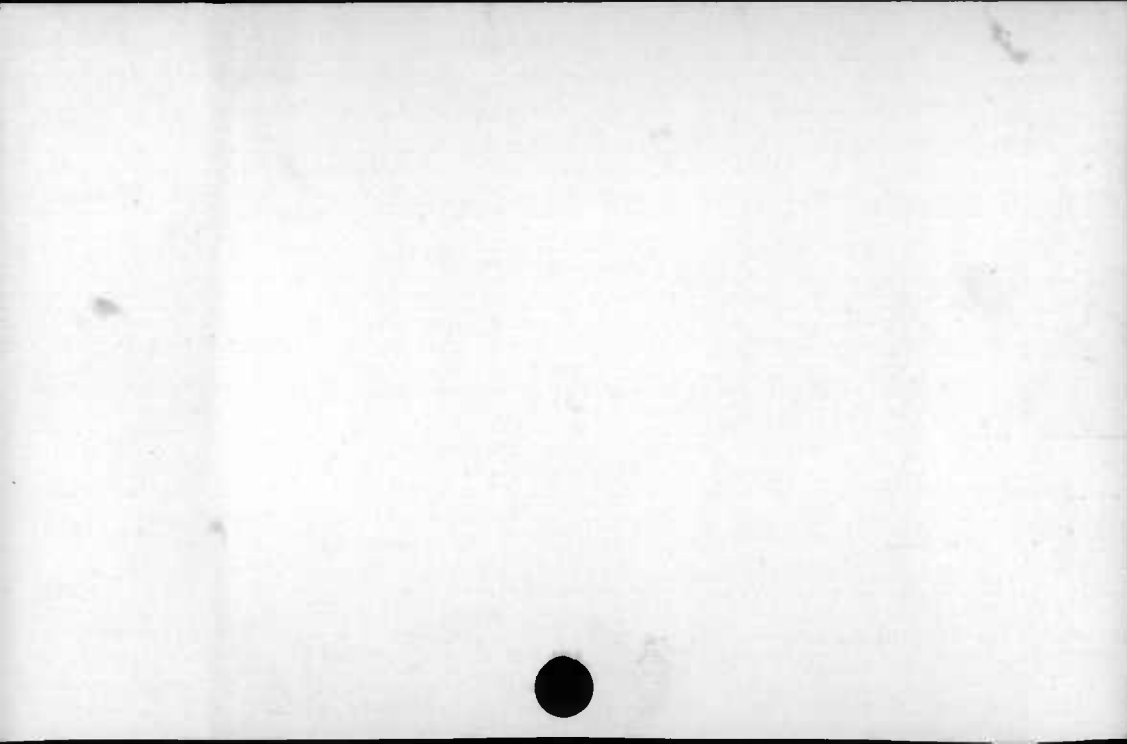
Died at <i>Queenstown</i> <sup>Town</sup>		<i>2. a.</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1908</i>	Month <i>8</i>	Day <i>7</i>	Age <i>—</i> Years	Months <i>11</i> Days <i>3</i>
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Queenstown</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
<del>Marrried, Single</del>		<del>Name of Wife or Husband</del>			
Father's Name	<i>Geo. E. Lane</i>			Father's Birthplace	<i>2. a. Co.</i>
Mother's Maiden Name	<i>Mary Matilda "L. trip"</i>			Mother's Birthplace	<i>" "</i>
Name of person giving information	<i>Mother</i>			How related to deceased	

## CAUSES OF DEATH

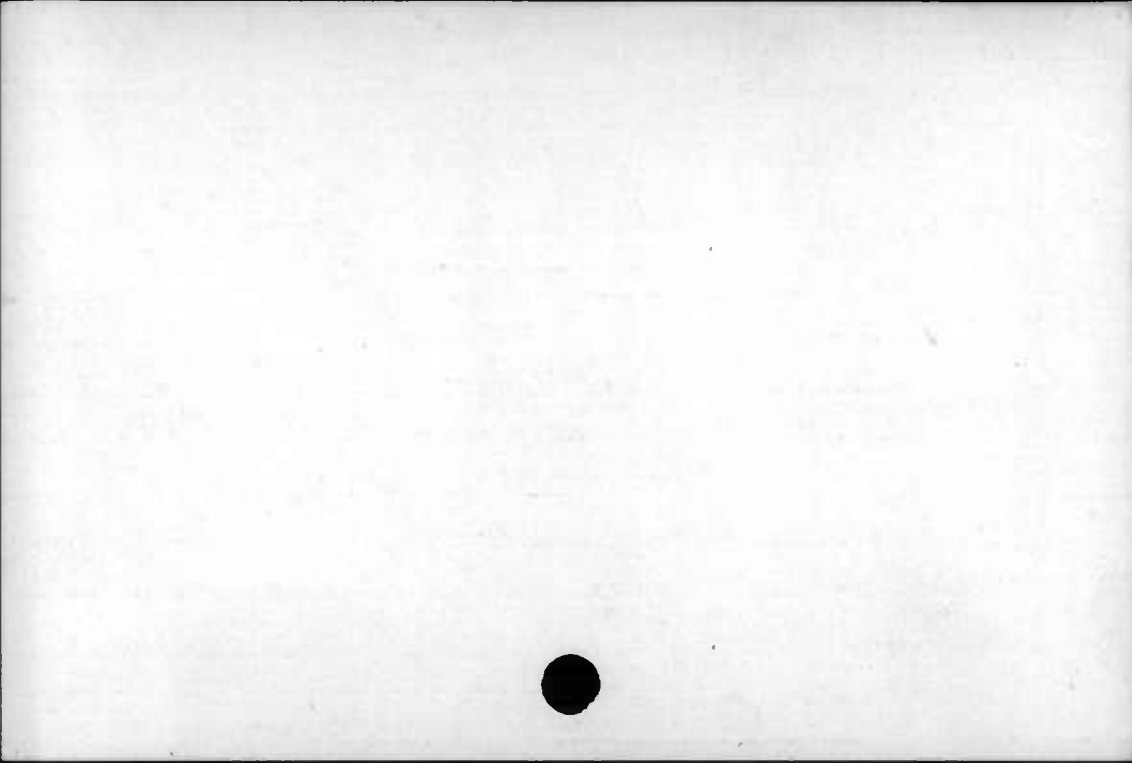
105

PHYSICIAN  
OR CORONER

Primary	<i>Cholera Infantum</i>	How long	<i>10 days</i>
Immediate	<i>" "</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>W. W. Chaires,</i>
		Address	<i>Queenstown, Md.</i>
Accident or Suicide?			



Name in Full		Willard Thomas Lister				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Burnsville</u> Town		<u>Queen Anne</u> County		MARYLAND	
		Date of death <u>1908</u> Month <u>Augt-</u> Day <u>18</u>		Age <u>      </u> Years <u>      </u>		Months <u>11</u> Days <u>      </u>	
		Sex <u>male</u>		Color or Race <u>white-</u>		Birth-place <u>Queen Anne Co</u>	
		Occupation <u>      </u>		Where Residing if not at place of death <u>      </u>			
		Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>      </u>			
		Father's Name <u>Willard Thomas Lister</u>		Father's Birthplace <u>Caroline Co, Md</u>			
		Mother's Maiden Name <u>Delia Catherine Hand</u>		Mother's Birthplace <u>W. Virginia</u>			
Name of person giving information <u>Norman T. Lister</u>				How related to deceased <u>Brother</u>			
		CAUSES OF DEATH				<u>14</u>	
PHYSICIAN OR CORONER		Primary		How long <u>      </u>			
		Immediate <u>Dysentery</u>		How long <u>      </u>			
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>John W. Harmon</u>			
		Address <u>      </u>		Lib. Registrar <u>      </u>			
		Accident or Suicide?					





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *James H Peters*

Town *Windsorville* County *Winn Anne* MARYLAND

Died at *Windsorville*

Date of death 190 *8* Month *8* Day *19* Age *71* Years Months *9* Days *9*

Sex *Male* Color or Race *White* Birth-place *Mo*

Occupation *Farmers* Where Residing if not at place of death

Married, Single or Widowed Name of Wife or Husband *Sarah Peters*

Father's Name *Meley Peters* Father's Birthplace *Mo*

Mother's Maiden Name *Martha Walls* Mother's Birthplace *Mo*

Name of person giving information *James H Peters* How related to deceased *Son*

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary *Asthma, Organic Heart trouble* How long *4 years*

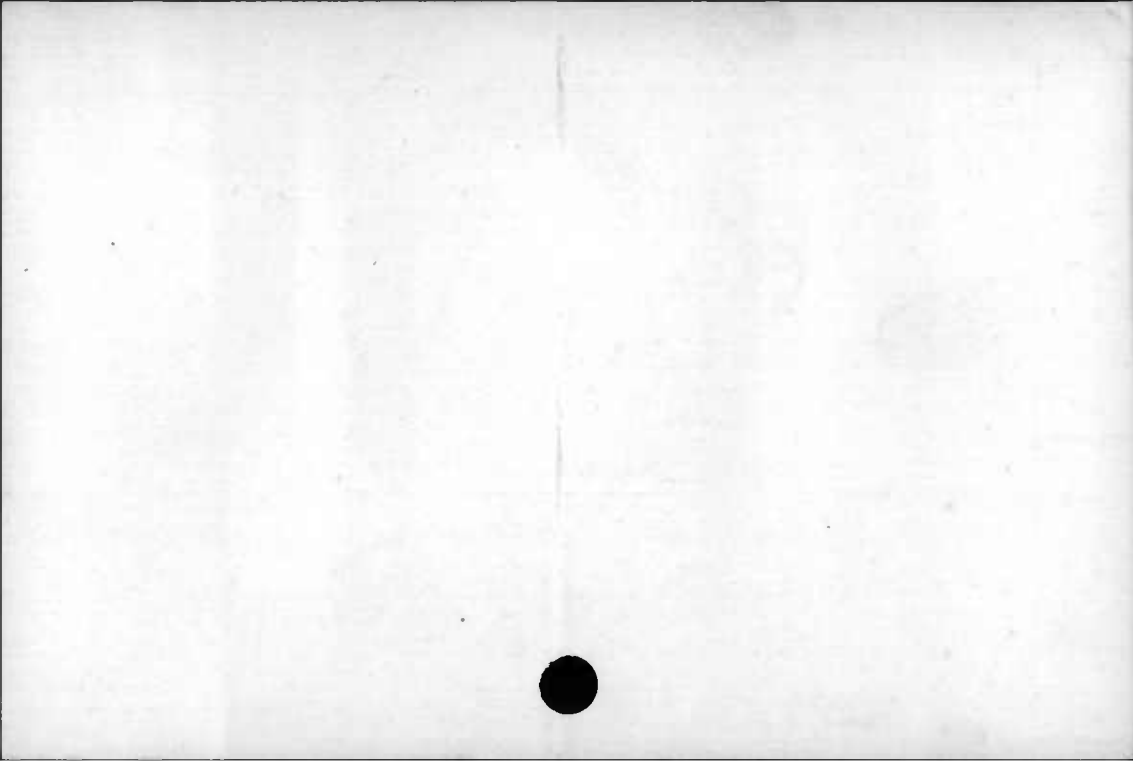
Immediate *Dropsy, Debility* How long *1 year*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Govet Suck*

Address *Suckersville Mo*

Accident or Suicide? *No*



Name  
in  
Full

David Phillips

## CERTIFICATE OF DEATH

MARYLAND

Died at <sup>Town</sup> *Massachusetts*<sup>County</sup> *Anne*Date  
of death *1908*Month  
*8*Day  
*7*

Age

<sup>Years</sup>  
*11 1/2*Months  
*4 1/2*

Days

Sex

*male*Color or  
Race*white*Birth-  
place*no*

Occupation

*none*Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
Name*Richard E Phillips*Father's  
Birthplace*no*Mother's  
Maiden Name*Cora Waller*Mother's  
Birthplace*no*Name of person giving  
information*Richard E Phillips*How related  
to deceased*Father*

## CAUSES OF DEATH

**105**

Primary

*Chorea Infantis*

How long

*Two weeks*

Immediate

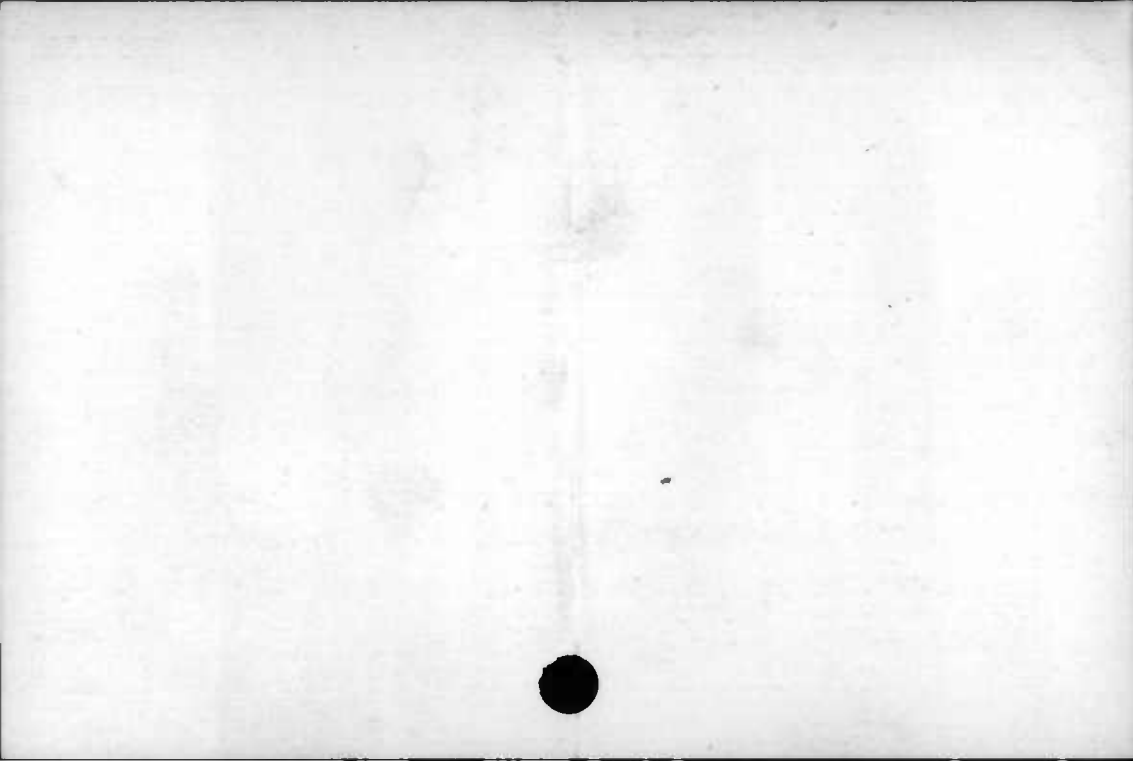
*"**"**"**"*Are the name, age, sex, color, date  
and place correctly given above?*Yes*Signature of  
Physician*Dr. J. S. S. S.*

Address

*Sussexville no*

Accident or Suicide?

*No.*TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

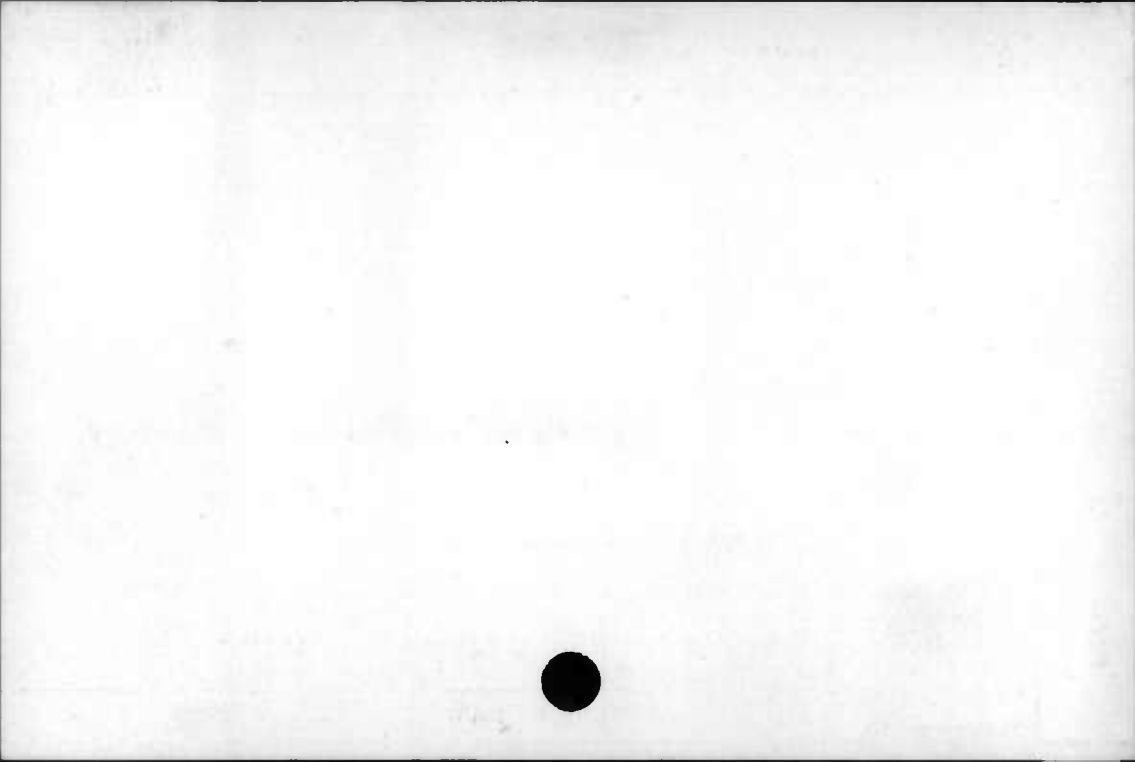
Died at <i>Centerville</i> Town <i>D. A. Co.</i> County		MARYLAND	
Date of death <i>1908</i> Month <i>Aug.</i> Day <i>24</i> Age <i>70</i> Years Months Days			
Sex <i>Female</i>	Color or Race <i>Black</i>	Birth-place <i>Centerville</i>	
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>Centerville</i>		
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>Unobtainable</i>		
Father's Name <i>Henry Peter</i>	Father's Birthplace <i>D. A. Co.</i>		
Mother's Maiden Name <i>Elizabeth Mary</i>	Mother's Birthplace <i>D. A. Co.</i>		
Name of person giving information <i>Blanche Thompson</i>	How related to deceased <i>Daughter</i>		

## CAUSES OF DEATH

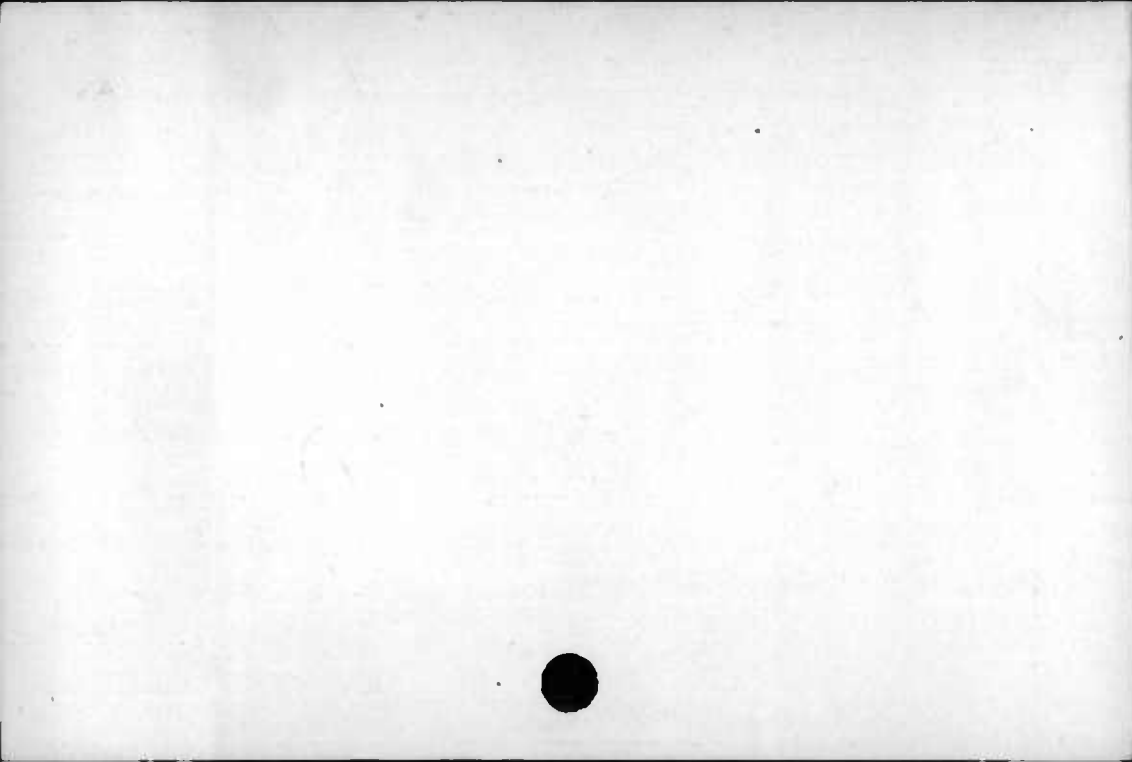
120

PHYSICIAN  
OR CORONER

Primary <i>Bright's Disease</i>	How long <i>5 years</i>
Immediate <i>Died from natural cause</i>	How long <i>Six months</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Address <i>John W. Larmann</i> <i>Sub Registrar</i>
Accident or Suicide?	



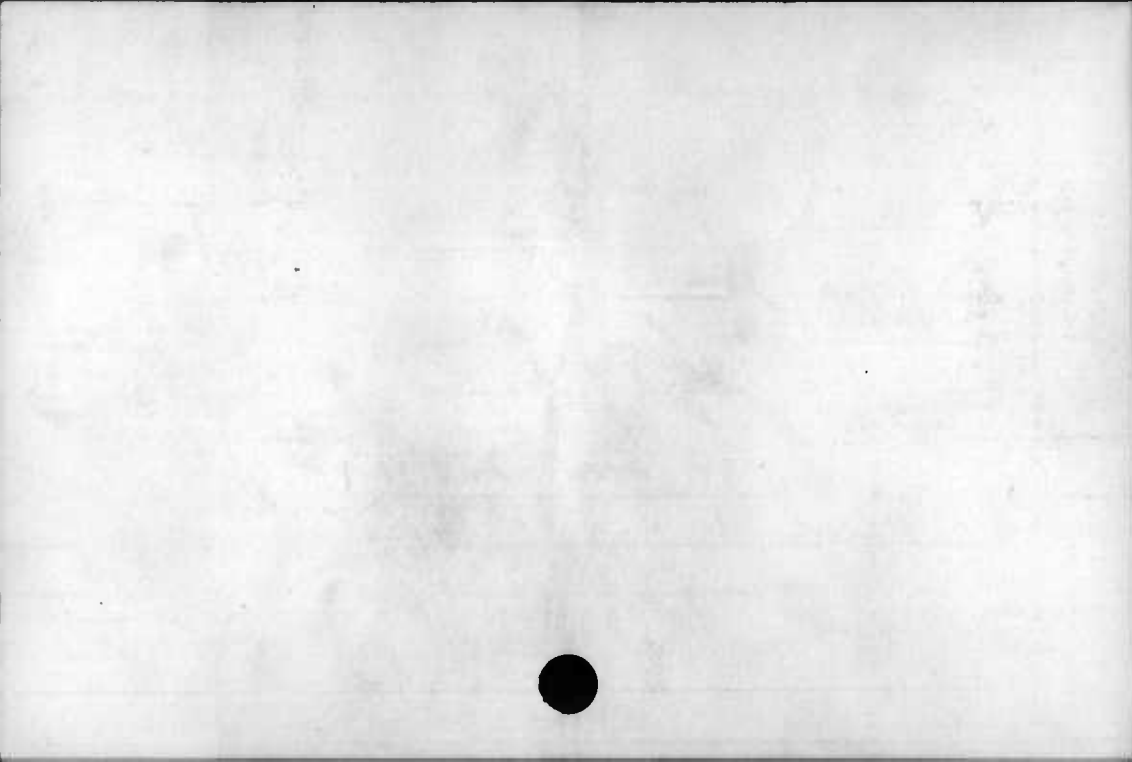
Name in Full		Rosie Roe				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Starr</u> Town		<u>Lucianne</u> County		MARYLAND			
	Date of death	1908	Month	Aug.	Day	3	Age	18
	Sex	Female		Color or Race	white		Birth-place	Ind
	Occupation	Housewife		Where Residing if not at place of death		Starr		
	Married, Single or Widowed	Single		Name of Wife or Husband		Wm A. Roe		
	Father's Name	John W. Horney				Father's Birthplace	Ind	
	Mother's Maiden Name	Carrie B. Stevens				Mother's Birthplace	Ind	
Name of person giving information	Jno. W. Horney				How related to deceased	Father		
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary	<u>Abortion</u>				How long	3 weeks	
	Immediate	<u>Typhoid Fever &amp; Heart Failure</u>				How long	4 weeks	
	Are the name, age, sex, color, date and place correctly given above?				yes			
	Signature of Physician				J. P. Stack D.M.D.			
Address				Wye Mills, Talbot Co Ind				
Accident or Suicide?								





Name in Full		Elizabeth Sagar Scott				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at	Chester Town		Queen Anne		MARYLAND		
	Date of death	1908	Month	Aug	Day	17	Age	
						Years	91	
						Months	10	
						Days	28	
	Sex	female		Color of Race	Colored		Birth-place	Maryland
	Occupation	Invalid		Where Residing if not at place of death				
	Married, Single or Widowed		Widowed		Name of Wife or Husband		Dont know	
	Father's Name				Dont know		Father's Birthplace	Dont know
	Mother's Maiden Name				Dont know		Mother's Birthplace	Dont know
	Name of person giving information				H. H. Klinefelter		How related to deceased	Former em- ployee
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary		Age		How long		Many years	
	Immediate		Malnutrition		How long		6 months	
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		H. Benge Simmons	
	Accident or Suicide?		no		Address		Chester Town md	

154



Name  
in  
Full

Lizzie Scribner

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

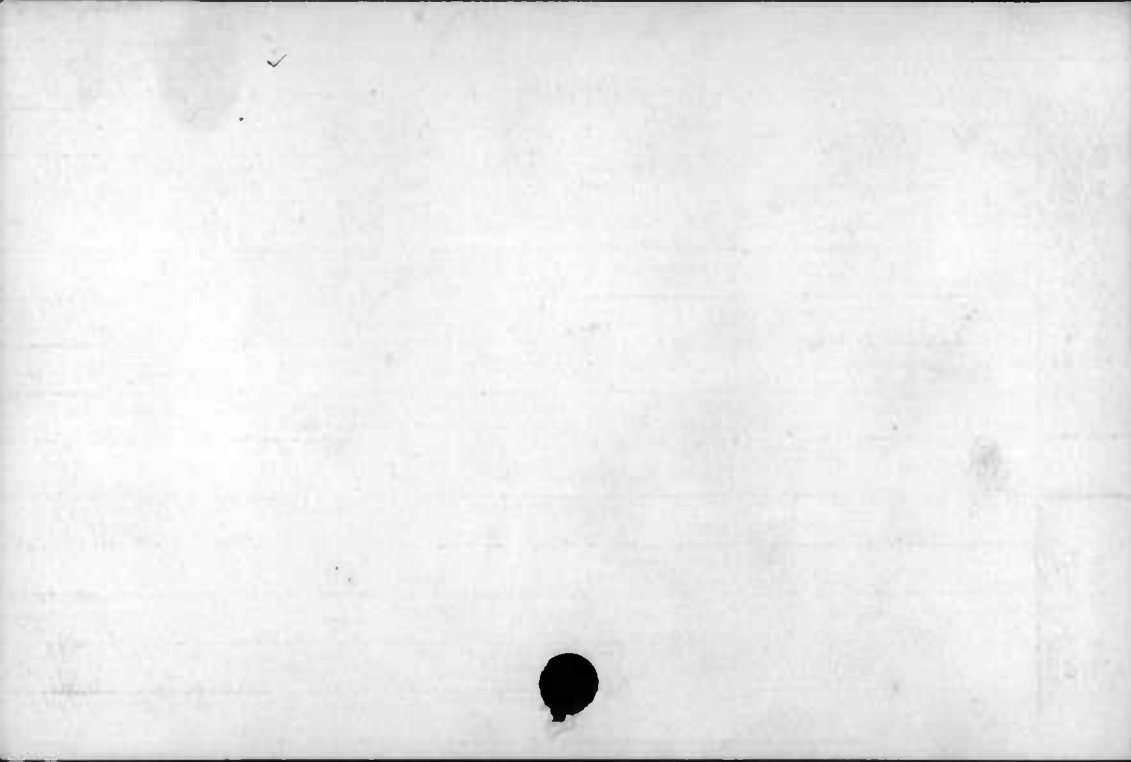
Died at <i>Centreville</i>		Town <i>Centreville</i>		County <i>Queen Anne</i>		MARYLAND	
Date of death <i>1908</i>		Month <i>8</i>	Day <i>31</i>	Age <i>75</i>	Years	Months	Days
Sex <i>Female</i>		Color or Race <i>negro</i>		Birth-place <i>Maryland</i>			
Occupation <i>Cook</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Jerome Scribner</i>					
Father's Name <i>George Church</i>		Father's Birthplace <i>Queen Anne Co</i>					
Mother's Maiden Name <i>Phyllis</i>		Mother's Birthplace <i>"</i>					
Name of person giving information <i>Alex. Scribner</i>		How related to deceased <i>Son</i>					

## CAUSES OF DEATH

179

PHYSICIAN  
OR CORONER

Primary	<i>General debility</i>	How long	<i>1 year</i>
Immediate	<i>Exhaustion</i>	How long	<i>1 week</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>E. F. Smith</i>	
		Address <i>Centreville</i>	
		<i>Md.</i>	
Accident or Suicide?			



Name  
in  
Full

Eodw. A. Smith

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

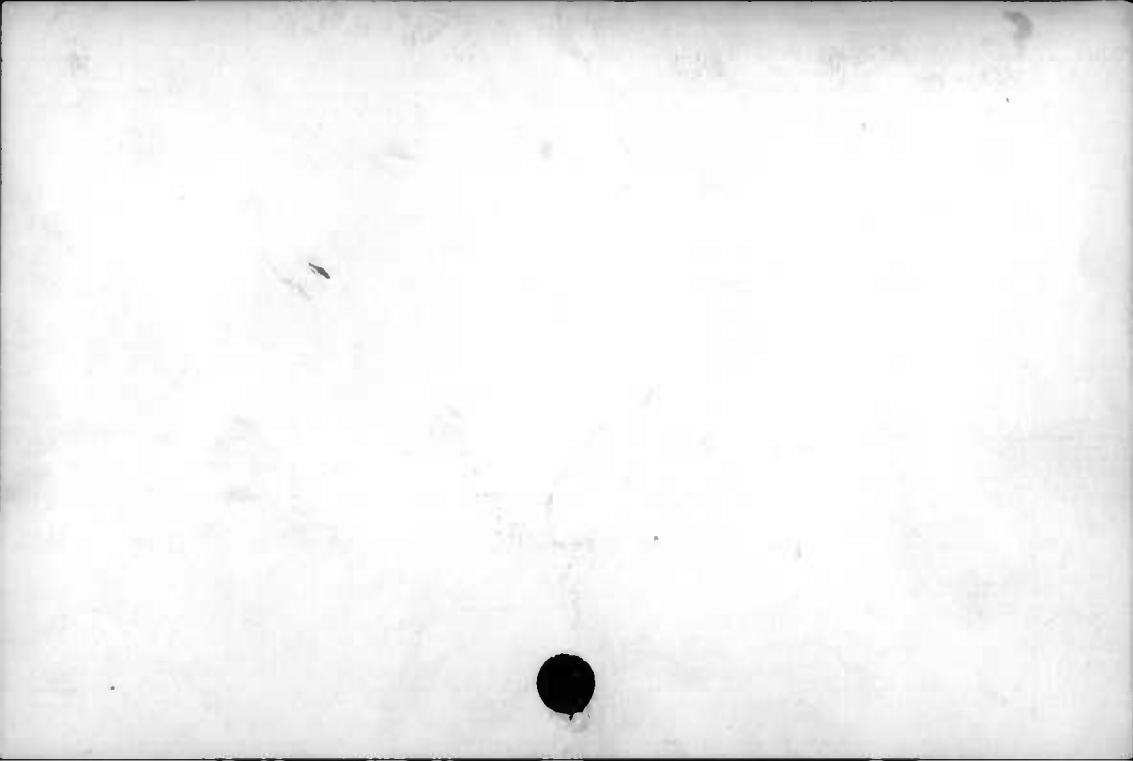
Died at <i>Winchester</i> Town		<i>D.A.</i> County		MARYLAND	
Date of death <i>1908</i>	Month <i>8-</i>	Day <i>24</i>	Years <i>23</i>	Months <i>7</i>	Days <i>13-</i>
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>D.A. Co, Md.</i>	
Occupation <i>Waterman</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Elizabeth - Horney</i>			
Father's Name <i>Jno. W. Smith</i>		Father's Birthplace <i>D.A. Co Md.</i>			
Mother's Maiden Name <i>Ruth E. Smith</i>		Mother's Birthplace <i>Som. Co Md.</i>			
Name of person giving information <i>B. O. Smith</i>		How related to deceased <i>brother</i>			

## CAUSES OF DEATH

(27)

PHYSICIAN  
OR CORONER

Primary <i>Phthisis Pulmonalis</i>	How long <i>14 mos.</i>
Immediate <i>Hemorrhage</i>	How long <i>10. m.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>W H Chaires</i>
<i>Centerville Cemetery</i>	Address <i>Winchester, Md.</i>
<del>Accident or Suicide?</del>	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Mary Hester Tanner

Town

County

MARYLAND

Died at

Stevensville I. D.

Date

of death

1908

Month

August

Day

25

Years

Age 93

Months

2

Days

Sex

Female

Color or  
Race

White

Birth-  
place

Kent Island

Occupation

Housekeeper

Where Residing if not  
at place of death

XX

XX

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

Marion Tanner

Father's  
Name

John F. Carter

Father's  
Birthplace

X

Mother's  
Maiden Name

Amanda C. Cockey

Mother's  
Birthplace

X

Name of person giving  
Information

Mrs Hester Tanner

How related  
to deceased

Aunt

## CAUSES OF DEATH

Primary

Tuberculosis

How long

27

1 year

Immediate

Manicure

How long

3 wks.

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

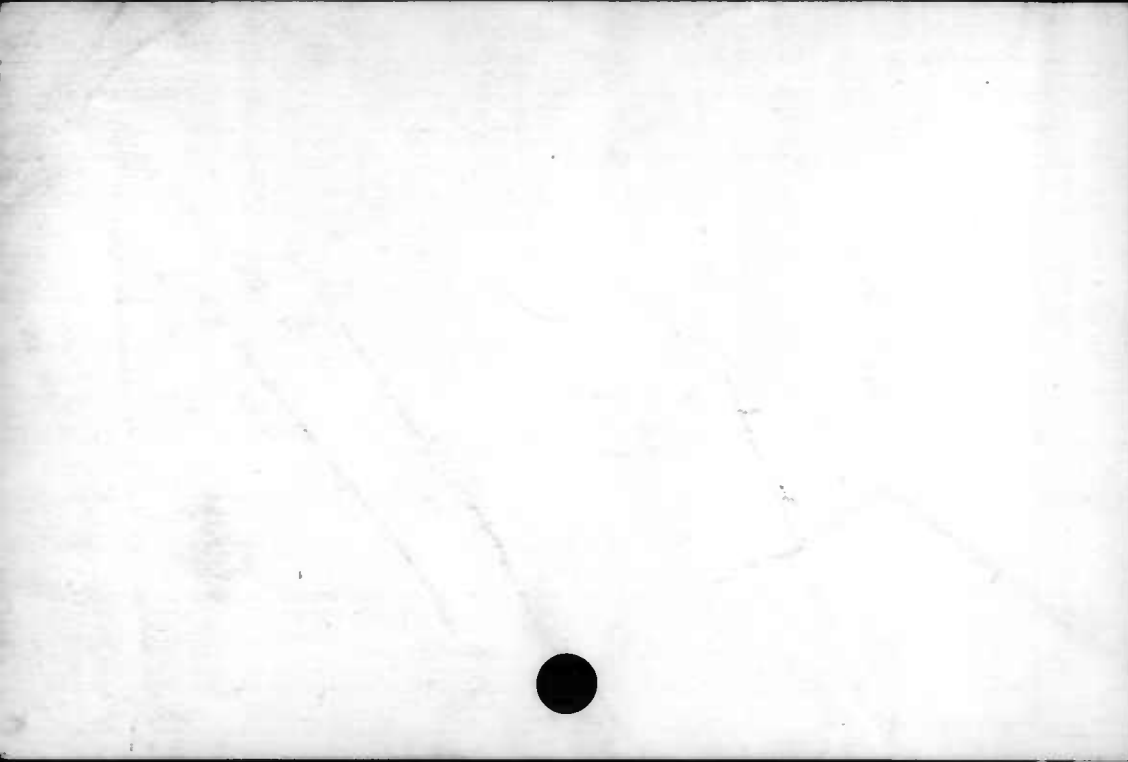
Percy Kemp

Stevensville

Md.

PHYSICIAN  
OR CORONER

Accident or Suicide





Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Joshiah Taylor.*

Died at *Cheslee* Town *2* County *Ca*

Date of death *1908* Month *Aug* Day *28* Age *81* Years Months Days

Sex *Male* Color or Race *White* Birth-place *Wartburg*

Occupation *Farmer* Where Residing if not at place of death *East Tuba*

Married, Single or Widowed *Married* Name of Wife or Husband *Mary E Taylor*

Father's Name *J S Taylor* Father's Birthplace *unknown*

Mother's Maiden Name *unknown* Mother's Birthplace *" "*

Name of person giving Information *E S Taylor* How related to deceased *Son*

CAUSES OF DEATH

**154**

PHYSICIAN  
OR CORONER

Primary *Senility* How long *154*

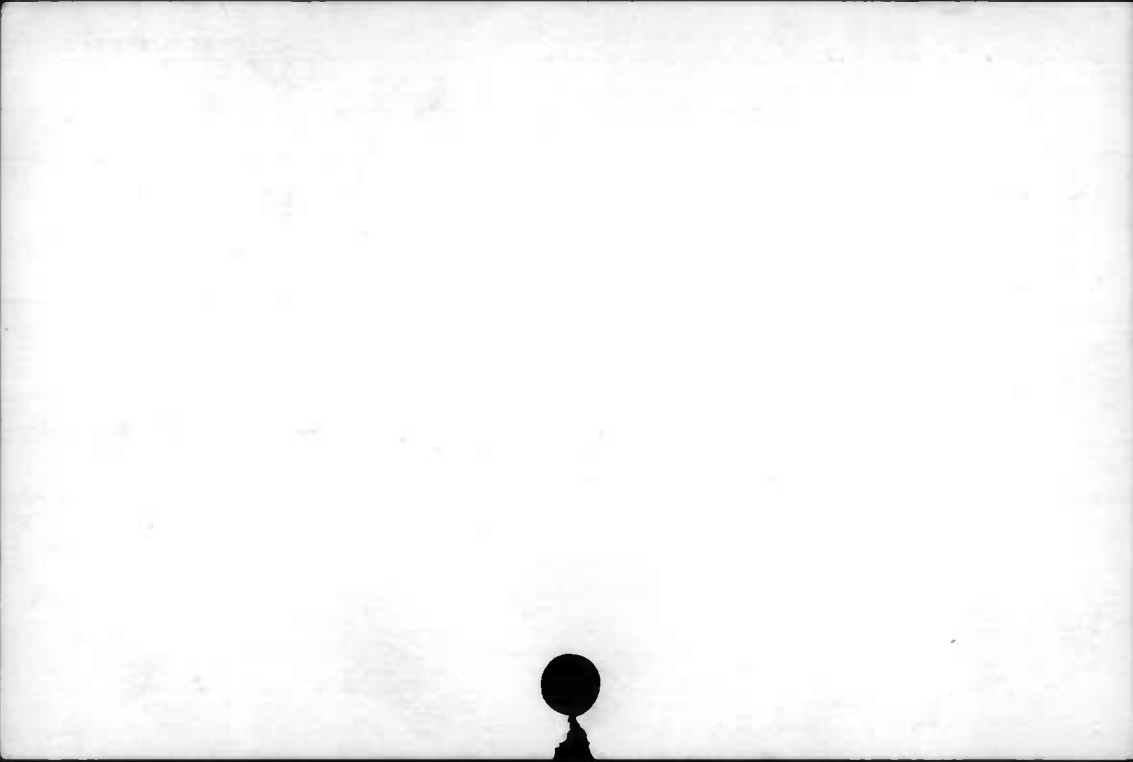
Immediate *Exhaustion* How long *short time*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Wm S Henry*

Address *Stamwood, Md*

Accident or Suicide *No*



Name  
in  
Full

*Harriett Silghman*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Near Centerville</i> <sup>Town</sup> <i>Queen Anne</i> <sup>County</sup>		MARYLAND	
Date of death <i>1908 Aug 11<sup>th</sup></i>	Month <i>Aug</i>	Day <i>11<sup>th</sup></i>	Age <i>89</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Recovery Farm</i>	
Occupation <i>none</i>	Where Residing if not at place of death <i>Near Centerville</i>		
Married <del>Single</del> <i>Widowed</i>	Name of Wife or Husband <i>James Silghman</i>		
Father's Name <i>Beregrine Silghman</i>	Father's Birthplace <i>don't know</i>		
Mother's Maiden Name <i>Harriett Haddaway</i>	Mother's Birthplace <i>" "</i>		
Name of person giving information <i>Rev T Fournier</i>	How related to deceased <i>Nephew</i>		

CAUSES OF DEATH

**40**

PHYSICIAN  
OR CORONER

Primary <i>Cancer of Liver</i>	How long <i>18 mos</i>
Immediate <i>Exhaustion</i>	How long <i>1 week</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Myron Braden</i>
	Address <i>Centerville</i>
Accident or Suicide? <i>no</i>	<i>MS</i>



Name  
in  
Full

Catherine Elizabeth Walters

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Centreville <sup>Town</sup> Queen Anne <sup>County</sup> **MARYLAND**

Date of death 1908 <sup>Month</sup> Aug <sup>Day</sup> 3 <sup>Years</sup> — <sup>Months</sup> 3 <sup>Days</sup> —

Sex Female Color or Race Caucasian Birth-place Centreville

Occupation — Where Residing if not at place of death —

Married, Single or Widowed — Name of Wife or Husband —

Father's Name Casper Lenwood Walters Father's Birthplace Winchester

Mother's Maiden Name Mary Louise Porter Mother's Birthplace —

Name of person giving Information Casper L. Walters How related to deceased Father

## CAUSES OF DEATH

151

PHYSICIAN  
OR CORONER

Primary Congenital weakness <sup>How long</sup> 5 months

Immediate Exhaustion <sup>How long</sup> —

Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician E. F. Smith

Address Centreville Md.

Accident or Suicide —

